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TO: Examiner Meless Zewdu
U.S. Patent & Trademark Office
Group Art Unit 2617

FROM: Michael K. O'Neill (Reg. No. 32,622)

RE: U.S. Application No. 10/593,321
Atty. Docket No.: 00862.109566.

FAX NO.: (571) 273-8300

DATE: December 30, 2009

NO. OF PAGES: 22
(including cover page)

TIME: 6:12

SENT BY: *SA Dawn M.*

MESSAGE**Attachments:**

- 1) Transmittal
- 2) Amendment

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1450, (571) 273-8300, on

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Michael K. O'Neill (Reg. No. 32,622)
(Name of Attorney for Applicant)

Michael K. O'Neill
Signature

December 30, 2009
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In re Application of:

Docket No. 00862.109566.

JUN YOSHIDA

Application No.: 10/593,321

Examiner: Meless Zewdu

371 (c) Date: September 18, 2006

Group art Unit: 2617

Int'l Appln. No.: PCT/JP2005/007280

Int'l Filing Date: April 8, 2005

Confirmation No.: 7539

For: COMMUNICATION CONTROL METHOD
 AND WIRELESS COMMUNICATION APPARATUS

Date: December 30, 2009

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 9	MINUS	** 20	= 0	x \$26 \$52	0
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$110 \$220	0
Fee for Multiple Dependent claims \$195 ^o /\$390						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

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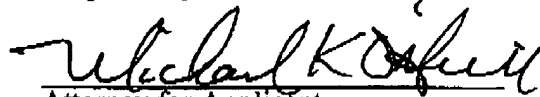
Michael K. O'Neill (Reg. No. 32,622)
 (Name of Attorney for Applicants)

Signature

December 30, 2009
 Date of Signature

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Michael K. O'Neill
Registration No.: 32,622

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